2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005
Secretary of State

DOCUMENT# 729781

Entity Name: FORESTBROOK I ASSOCIATION, INC.

Current Principal Place of Business:

700 STARKEY ROAD
LARGO, FL 33771 US

New Principal Place of Business:

Current Mailing Address:

700 STARKEY ROAD
LARGO, FL 33771 US

New Mailing Address:

FEI Number: 59-1763274 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TROSCHINETZ, MICHAEL J
700 STARKEY RD.
911
LARGO, FL 33771 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: VD ( ) Delete
Name: THOMAS, WENDY
Address: 700 STARKEY RD # 722
City-St-Zip: LARGO, FL 33771 US

Title: D ( ) Delete
Name: BOBERG, GENE
Address: 700 STARKEY RD # 512
City-St-Zip: LARGO, FL 33771

Title: SD ( ) Delete
Name: PAUL, SHARON
Address: 700 STARKEY RD. #821
City-St-Zip: LARGO, FL 33771

Title: PD ( ) Delete
Name: TROSCHNIETZ, MICHAEL J
Address: 700 STARKEY RD # 911
City-St-Zip: LARGO, FL 33771

Title: TD ( ) Delete
Name: BARRATT, JAMES T
Address: 700 STARKEY RD # 613
City-St-Zip: LARGO, FL 33771

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change ( ) Addition
Name: IRVINE, JAN
Address: 700 STARKEY RD # 714
City-St-Zip: LARGO, FL 33771 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change ( ) Addition
Name: BARKATT, JAMES T
Address: 700 STARKEY RD # 613
City-St-Zip: LARGO, FL 33771

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL J TROSCHINETZ PD 04/27/2005
Electronic Signature of Signing Officer or Director — Date